

REDACTED – FOR PUBLIC INSPECTION

Filed via Commission's Electronic Comment Filing System (ECFS)

June 22, 2017

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

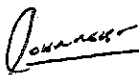
Re: *In the Matter of Connect America Fund ETC Annual Reports and Certifications, WC Docket Nos. 10-90, 14-58*

Dear Ms. Dortch:

On behalf of Hamilton Telephone Company, in accordance with the procedures outlined in the Protective Order¹, please find attached Hamilton Telephone Company's Redacted Confidential FCC Form 481 filing. This filing is uploaded on the FCC's Electronic Comment Filing System (ECFS).

Please do not hesitate to contact me at (402) 694-5101 if you have any questions regarding this submission.

Respectfully submitted,



John Nelson
President
Hamilton Telephone Company

Encl.

¹ *In the Matter of Connect America Fund ETC Annual Reports and Certifications, WC Docket Nos. 10-90, 14-58, DA 16-296 released March 22, 2016.*

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	371555
<015>	Study Area Name	HAMILTON TEL CO
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Jerry Petermann
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4026945101 ext. 7248
<039>	Contact Email Address: Email of the person identified in data line <030>	jerry.petermann@hamiltontel.com
Form Type		54.313 and 54.422

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	371555
<015>	Study Area Name	HAMILTON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Petermann
<035>	Contact Telephone Number - Number of person identified in data line <030>	4026945101 ext. 7248
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamiltontel.com

<210> For the prior calendar year, were there any reportable voice service outages?

[illegible]

(300) Unfulfilled Service Request Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	371555	
<015> Study Area Name	HAMILTON TEL CO	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Jerry Petermann	
<035> Contact Telephone Number - Number of person identified in data line <030>	4026945101 ext. 7248	
<039> Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamiltontel.com	
<300> Unfulfilled service request (voice)	0	
<310> Detail on attempts (voice)	Name of Attached Document	
<320> Unfulfilled service request (broadband)	0	
<330> Detail on attempts (broadband)	Name of Attached Document	

(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0926/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	371555
<015>	Study Area Name	HAMILTON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jessy Petermann
<035>	Contact Telephone Number - Number of person identified in data line <030>	4025945101 ext. 7248
<039>	Contact Email Address - Email Address of person identified in data line <030>	jessy.petermann@hamiltontel.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 483
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	371555
<015>	Study Area Name	HAMILTON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Petermann
<035>	Contact Telephone Number - Number of person identified in data line <030>	4026545101 ext. 7248
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamiltontel.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		371555ne510 .pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations
Data Collection Form

FCC Form 481

 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	371555
<015>	Study Area Name	HAMILTON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jerzy Petermann
<035>	Contact Telephone Number - Number of person identified in data line <030>	4026945101 ext. 7248
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamiltontel.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	371555ne610.pdf

<010> Study Area Code

Study Area Name

Program Year

<030>	Contact Name - Pe

<035> Contact Telephone

039	Contact Email Address
-----	-----------------------

<039> Contact Email Address

<a2>

b1

64

2

5

...

10

10

[illegible]

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 487

OMB Control No. 3060-0986 /OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	371555
<015>	Study Area Name	HAMILTON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Petermann
<035>	Contact Telephone Number - Number of person identified in data line <030>	4026945101 ext. 7248
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamiltontel.com

<900> Does the filing entity offer tribal land services? (Y/N)

No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	371555
<015>	Study Area Name	HAMILTON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Petermann
<035>	Contact Telephone Number - Number of person identified in data line <030>	4026945101 ext. 7248
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamilltel.com

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	371555	
<015>	Study Area Name	HAMILTON TEL CO	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Petermann	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4026945101 ext. 7248	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamiltontel.com	

<1100>

Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130>

Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers

Lifeline

Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	371555
<015>	Study Area Name	HAMILTON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Petermann
<035>	Contact Telephone Number - Number of person identified in data line <030>	4026945101 ext. 7248
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamiltontel.com

371555nel210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2005) Price Cap Carrier Additional Documentation		FCC Form 481	
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013	
<010>	Study Area Code	371555	
<015>	Study Area Name	HAMILTON TEL CO	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Petermann	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4026945101 ext. 7218	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamiltontel.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded information for Phase I milestone reports (Round 2 for year three) - Connect America Fund, WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).		
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0386/OMB Control No. 3060-0819
July 2013**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(iii)(C)

Name of Attached Document Listing
Required Information

(3005) Rate Of Return Carrier Additional Documentation
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	371555
<015>	Study Area Name	HAMILTON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Petermann
<035>	Contact Telephone Number - Number of person identified in data line <030>	4026945101 ext. 7248
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamiltontel.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certification
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No) <input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> <input checked="" type="radio"/>
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input checked="" type="radio"/> <input type="radio"/>
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input checked="" type="checkbox"/>
If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

(3005) Rate Of Return Carrier Additional Documentation (Continued)
 Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code 371555
 <015> Study Area Name HAMILTON TEL CO
 <020> Program Year 2018
 <030> Contact Name - Person USAC should contact regarding this data Jerry Petermann
 <035> Contact Telephone Number - Number of person identified in data line <030> 4026945101 ext. 7278
 <039> Contact Email Address - Email Address of person identified in data line <030> jerry.petermann@hamtel.com

Financial Data Summary

(3027) Revenue	X, XXX, XXX
(3028) Operating Expenses	X, XXX, XXX
(3029) Net Income	XXX, XXX
(3030) Telephone Plant In Service (TPIS)	XX, XXX, XXX
(3031) Total Assets	XX, XXX, XXX
(3032) Total Debt	X
(3033) Total Equity	X, XXX, XXX
(3034) Dividends	X

<010>	Study Area Code	371555
<015>	Study Area Name	HAMILTON TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Petermann
<035>	Contact Telephone Number - Number of person identified in data line <030>	4026945101 ext. 7248
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamiltontel.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	371555
<015> Study Area Name	HAMILTON TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Jerry Petermann
<035> Contact Telephone Number - Number of person identified in data line <030>	4026945101 ext. 7248
<039> Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamiltontel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: HAMILTON TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/26/2017
Printed name of Authorized Officer: John Nelson	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 4026945101 ext. 1	
Study Area Code of Reporting Carrier: 371555	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	371555
<015> Study Area Name	HAMILTON TEL CO
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Jerry Petermann
<035> Contact Telephone Number - Number of person identified in data line <030>	4026945101 ext.7248
<039> Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamiltontel.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	371555
<013>	Study Area Name	HAMILTON TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Petermann
<035>	Contact Telephone Number - Number of person identified in data line <030>	4026945101 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry.petermann@hamiltontel.com

[illegible]

HAMILTON TELEPHONE COMPANY
Aurora, Nebraska

**Certification of Compliance with Applicable Service Quality Standards and
Consumer Protection Rules**

Service Quality Standards

Hamilton Telephone Company

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no additional charge to end users.
- Provides access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911.
- Provides toll blocking and toll limitation services.
- Advertises the availability of its services and the charges using media of general distribution and on its website.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during normal business hours.
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
 - Answer all incoming calls promptly.
 - Respond to all inquiries for information promptly and courteously.
 - Investigate thoroughly all customer complaints and handle appropriately according to the Company's guidelines for resolution of customer complaints.
 - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.

Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

HAMILTON PROPRIETARY AND CONFIDENTIAL INFORMATION

Hamilton Telephone Company Aurora, Nebraska Functionality in Emergency Situations

Note:

Hamilton Telephone Company has a "Business Continuity Plan" in place for multiple emergency situations.

Backup Power Failure

- **Our current switch, META has multiple power supplies. We also have multiple fiber transmitters and cabinets with redundant power supplies.**
- **We have backup batteries that will provide power in case of any electrical failures. The backup batteries are located in our Main Switch Room in Aurora, Nebraska and remote location in Doniphan, Nebraska.**
- **We have two fixed Generators for backup in Aurora and Doniphan powered by natural gas. We also have mobile standby Generators available that runs on gasoline.**
- **All Batteries and Generators are tested on a monthly basis to ensure continued operation without external power source.**

Rerouting of Traffic around damaged Facilities

- **We have redundancy ring facilities between all of our exchanges. These rings are set up to switch over without a loss of traffic or down time.**

Traffic Spikes

- **We have switching capacity for simultaneous calls. There are 350 trunks that go out to the tandem and to other carriers.**
- **We have a significant amount of unused switching capacity that will support sporadic traffic spikes. We have more than twice the needed switching capacity in our Switch.**
- **Our META switch has a 24/7 tech support contract with META/Calix for any type of trouble or emergency situation.**

Hamilton Telephone Company

Nebraska Telephone Assistance Program Terms and Conditions

Nebraska Telephone Assistance Program

The Nebraska Telephone Assistance Program (NTAP) is available for qualifying customers of Hamilton Telephone Company. NTAP assistance reduces the cost of basic, monthly local telephone service. Eligible consumers can receive up to \$12.75 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in NTAP. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll blocking is available to eligible consumers at no cost. Also, by choosing this option, consumers are usually not charged a deposit.

NTAP is administered by the Nebraska Public Service Commission.

NTAP Eligibility Information

Program Based Eligibility

To qualify for NTAP, subscribers must either have an income that is at or below 135% of the Federal Poverty Guidelines, or the subscriber, one or more of the subscriber's dependents, or the subscriber's household must receive benefits from one of the following assistance programs:

- Veteran's Pension Benefit / Survivor's Pension Benefit Program
- Federal Public Housing Assistance (Section 8)
- Medicaid
- Children's Health Insurance Program/Kids Connection (SAM, MAC or EMAC)
- Supplemental Nutrition Assistance Program (SNAP); (formerly the Food Stamps Program)
- Supplemental Security Income (SSI)
- State assistance programs (if applicable)

To receive an NTAP application, contact your local *Health and Human Services* agency caseworker or the *Nebraska Public Service Commission*, 1200 N Street, Suite 300, PO Box 94927, Lincoln, NE 68508-4927, Phone: 402-471-3101, Toll Free: 1-800-526-0017 or <https://ntap.gisworkshop.com/>

NTAP applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state, federal or Tribal program; notice letter of participation in a qualifying state, federal or Tribal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

Income Based Eligibility

In addition, consumers are eligible for NTAP if their household income is at or below 135% of the federal poverty guidelines.

2016 Federal Poverty Guidelines – 135%

Household Size	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$16,038	\$20,034	\$18,455
2	\$21,627	\$27,027	\$24,881
3	\$27,216	\$34,020	\$31,307
4	\$32,805	\$41,013	\$37,733
5	\$38,394	\$48,006	\$44,159
6	\$43,983	\$54,972	\$50,585
7	\$49,586	\$61,992	\$57,011
8	\$55,202	\$69,012	\$63,464,
For each additional person, add	\$5,616	\$7,020	\$6,453

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

Tribal Eligibility

A subscriber who lives on Tribal lands and is an eligible resident of Tribal lands is eligible for Tribal Lifeline service or Tribal Link Up if the subscriber, one or more of the subscriber's dependents, or the subscriber's household participates in any of the above-listed qualifying assistance programs or one of the following Tribal-specific federal assistance programs: Bureau of Indian Affairs General Assistance; Tribally Administered Temporary Assistance for Needy Families; Head Start (if income eligibility criteria are met); or the Food Distribution Program on Indian Reservations (FDPIR). Tribal subscribers may also qualify if the household income is at or below 135% of the Federal Poverty Guidelines.

Tribal subscribers should contact Hamilton Telephone Company for additional information on Tribal Lifeline and Tribal Link Up.

Numbers of Minutes-of-Use Provided as Part of NTAP Program Service

Hamilton Telephone Company's Voice NTAP service includes unlimited local minutes-of-use within the toll-free calling area. Hamilton Telephone Company's Voice NTAP Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the NTAP service, Toll blocking is available to eligible consumers at no cost.

Rates

Subscribers may receive the NTAP credit on any type or grade of local service, including bundled services that are normally offered by Hamilton Telephone Company. Advertised rates do not include any applicable taxes or surcharges.

Recertification of NTAP Eligibility

NTAP recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for NTAP will result in termination of the NTAP recipient's monthly NTAP discount and de-enrollment from NTAP.

Additional NTAP Program Information

NTAP is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined as an individual or group of individuals who live together at the same address and share income and expenses. NTAP is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

Hamilton Telephone Company

Certification of Public Interest Obligations

To be in compliance with the Certification of Public Interest Obligations, providing upon a reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream:

- Hamilton Telephone Company certifies that it has taken reasonable steps to provide upon a reasonable request broadband service at actual speeds of at least 10 Mbps downstream/1 Mbps upstream with latency suitable for real-time applications, including Voice over Internet Protocol.
- The Company provides usage capacity that is reasonably comparable to comparable offerings in urban areas.
- The Company certifies that requests for such service are met within a reasonable amount of time.

REDACTED - FOR PUBLIC INSPECTION

THE HAMILTON TELEPHONE COMPANY

Balance Sheets

June 30, 2016 and 2015

<u>Assets</u>	<u>2016</u>	<u>2015</u>
Current assets:		
Cash and cash equivalents	\$ X,XXX,XXX	XXX,XXX
Certificates of deposit	XXX,XXX	X,XXX,XXX
Due from subscribers and agents		
less allowance for doubtful receivables		
of \$XX,XXX in 2016 and \$XX,XXX in 2015	XXX,XXX	XXX,XXX
Due from affiliated companies	XXX,XXX	XXX,XXX
Inventories, at cost	XXX,XXX	XXX,XXX
Prepaid expenses	X,XXX	X,XXX
Deferred income taxes	X,XXX	XX,XXX
Due from parent for income taxes	-	XX,XXX
Total current assets	<u>X,XXX,XXX</u>	<u>X,XXX,XXX</u>
Other assets:		
Miscellaneous physical property	X,XXX,XXX	X,XXX,XXX
Less accumulated depreciation	<u>X,XXX,XXX</u>	<u>X,XXX,XXX</u>
Net miscellaneous property	<u>X,XXX,XXX</u>	<u>X,XXX,XXX</u>
Other investments	XX,XXX	XX,XXX
Life insurance policy assets	XXX,XXX	XXX,XXX
Total other assets	<u>X,XXX,XXX</u>	<u>X,XXX,XXX</u>
Property and equipment, at cost	XX,XXX,XXX	XX,XXX,XXX
Less accumulated depreciation	<u>XX,XXX,XXX</u>	<u>XX,XXX,XXX</u>
Net property and equipment	<u>X,XXX,XXX</u>	<u>X,XXX,XXX</u>
	<u>\$ XX,XXX,XXX</u>	<u>X,XXX,XXX</u>

REDACTED - FOR PUBLIC INSPECTION

THE HAMILTON TELEPHONE COMPANY

Balance Sheets

June 30, 2016 and 2015

<u>Liabilities and Stockholders' Equity</u>	<u>2016</u>	<u>2015</u>
Current liabilities:		
Accounts payable	XXX,XXX	211,027
Accrued expenses and taxes	XX,XXX	62,089
Due to affiliated companies	XXX,XXX	203,947
Due to parent for income taxes	XX,XXX	-
Total current liabilities	<u>XXX,XXX</u>	<u>477,063</u>
Deferred income taxes	<u>X,XXX,XXX</u>	<u>1,095,500</u>
Total liabilities and deferred income taxes	<u>X,XXX,XXX</u>	<u>1,572,563</u>
Stockholders' equity:		
6% cumulative preferred stock of \$100 par value per share. Authorized XXX.X shares: none issued	-	-
Common stock of \$15 par value per share. Authorized X,XXX.X shares; issued X,XXX shares in 2016 and X,XXX shares in 2015.	XX,XXX	47,940
Retained earnings	<u>X,XXX,XXX</u>	<u>8,002,708</u>
Total stockholders' equity	<u>X,XXX,XXX</u>	<u>8,050,648</u>
	<u>\$ XX,XXX,XXX</u>	<u>9,623,211</u>

REDACTED - FOR PUBLIC INSPECTION

THE HAMILTON TELEPHONE COMPANY

Statement of Earnings

Years Ended June 30, 2016 and 2015

		<u>2016</u>	<u>2015</u>
Operating revenues:			
Local service	\$	X,XXX,XXX	X,XXX,XXX
Toll service and access charges		X,XXX,XXX	X,XXX,XXX
Billing and collection revenue		XX,XXX	XX,XXX
Directory revenues, net		XXX,XXX	XXX,XXX
Other operating revenue		<u>XX,XXX</u>	<u>XX,XXX</u>
		X,XXX,XXX	X,XXX,XXX
Recoveries of doubtful accounts		<u>XX,XXX</u>	<u>(X,XXX)</u>
Total operating revenues		<u>X,XXX,XXX</u>	<u>X,XXX,XXX</u>
Operating expenses:			
Plant specific operations		X,XXX,XXX	X,XXX,XXX
Plant nonspecific operations		X,XXX,XXX	X,XXX,XXX
Customer operations		XXX,XXX	XXX,XXX
Corporate operations		<u>XXX,XXX</u>	<u>XXX,XXX</u>
Total operating expenses		<u>X,XXX,XXX</u>	<u>X,XXX,XXX</u>
Operating income		<u>XXX,XXX</u>	<u>XXX,XXX</u>
Operating taxes:			
Income taxes, current		XXX,XXX	XX,XXX
Income taxes, deferred		XX,XXX	XX,XXX
Other		<u>XX,XXX</u>	<u>XX,XXX</u>
Total operating taxes		<u>XXX,XXX</u>	<u>XXX,XXX</u>
Net operating income, carried forward	\$	<u>XXX,XXX</u>	<u>XXX,XXX</u>

(Continued)

REDACTED - FOR PUBLIC INSPECTION

THE HAMILTON TELEPHONE COMPANY

Statement of Earnings

(Continued)

Years Ended June 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Net operating income, brought forward	\$ <u>XXX,XXX</u>	<u>XXX,XXX</u>
Other income (deductions):		
Interest income	X,XXX	X,XXX
Dividend income	XXX	XXX
Rental income (expense), net of related expenses including depreciation of \$XXX,XXX in 2016 and \$XX,XXX in 2015	(XX,XXX)	(XX,XXX)
Charitable contributions, including lobbying cost of \$XX,XXX in 2016 and \$XX,XXX in 2015	(XX,XXX)	(XX,XXX)
Loss on disposition of assets	(XX,XXX)	-
Relay contract retainage	XXX,XXX	XXX,XXX
Other, net	(XX,XXX)	(XX,XXX)
Nonoperating income taxes	(XXX,XXX)	(XXX,XXX)
Total other income, net	<u>XXX,XXX</u>	<u>XXX,XXX</u>
Net earnings	<u>XXX,XXX</u>	<u>XXX,XXX</u>
Net earnings per common share	\$ <u>XXX</u>	<u>XXX</u>

REDACTED - FOR PUBLIC INSPECTION

THE HAMILTON TELEPHONE COMPANY

Statements of Cash Flows

Years Ended June 30, 2016 and 2015

<u>Increases or Decreases in Cash and Cash Equivalents</u>	<u>2016</u>	<u>2015</u>
Cash flows from operating activities:		
Cash received from subscribers and agents	\$ X,XXX,XXX	X,XXX,XXX
Cash paid to suppliers and employees	(X,XXX,XXX)	(X,XXX,XXX)
Investment income received	X,XXX	X,XXX
Cash contributions	(XX,XXX)	(XX,XXX)
Income taxes paid	(XXX,XXX)	(XXX,XXX)
Net cash provided by operating activities	<u>X,XXX,XXX</u>	<u>X,XXX,XXX</u>
Cash flows from investing activities:		
Net redemption of (investment in) certificates of deposit	XXX,XXX	(X,XXX)
Expenditures for property and equipment	(XXX,XXX)	(XXX,XXX)
Expenditures for removal of property and equipment	(XXX)	(XXX)
Net cash provided (used) by investing activities	<u>(XXX,XXX)</u>	<u>(XXX,XXX)</u>
Cash flows from financing activities:		
Common stock issued	-	XX
Common stock repurchased	-	(XX,XXX)
Net cash used by financing activities	<u>-</u>	<u>(XX,XXX)</u>
Net increase in cash and cash equivalents	X,XXX,XXX	XXX,XXX
Cash and cash equivalents at beginning of year	XXX,XXX	XXX,XXX
Cash and cash equivalents at end of year	<u>\$ X,XXX,XXX</u>	<u>XXX,XXX</u>

(Continued)

REDACTED - FOR PUBLIC INSPECTION

THE HAMILTON TELEPHONE COMPANY

Statements of Cash Flows

(Continued)

Years Ended June 30, 2016 and 2015

Reconciliation of Net Earnings to
Net Cash Provided by Operating Activities

	<u>2016</u>	<u>2015</u>
Net earnings	\$ <u>XXX,XXX</u>	<u>XXX,XXX</u>
Adjustments to reconcile net earnings to net cash provided by operating activities:		
Recoveries of doubtful accounts	(XX,XXX)	X,XXX
Depreciation and amortization expense	XXX,XXX	XXX,XXX
Loss on disposition of assets	XX,XXX	-
Provision for deferred income taxes	XX,XXX	XX,XXX
Net partnership loss	XX,XXX	XXX
Decrease (increase) in:		
Due from subscribers and agents	(XX,XXX)	XX,XXX
Due from affiliated companies	(XX,XXX)	(XXX,XXX)
Accrued interest receivable	XXX	X
Prepaid expenses	XXX	X,XXX
Inventories	XX,XXX	XX,XXX
Cash surrender value of life insurance	(X,XXX)	(X,XXX)
Due from parent for income taxes	XX,XXX	(XX,XXX)
Increase (decrease) in:		
Accounts payable	XX,XXX	XX,XXX
Accrued taxes and expenses	(X,XXX)	(XX,XXX)
Due to affiliated companies	(XX,XXX)	XX,XXX
Due to parent for income taxes	XX,XXX	(X,XXX)
Total adjustments	<u>XXX,XXX</u>	<u>XXX,XXX</u>
Net cash provided by operating activities	\$ <u>X,XXX,XXX</u>	<u>X,XXX,XXX</u>